

Substitute Form PTO/SB/81 (01-09)

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CHANGE OF CORRESPONDENCE ADDRESS**

I hereby revoke all previous powers of attorney given in the patent and/or application identified herein.

☐ A Power of Attorney is submitted herewith.
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☒ I hereby appoint the practitioners associated with the Customer Number: **000040401** for the patent(s)/application(s) identified herein. Practitioner Under Cust. No.: **Abraham Hershkovitz, Reg. No. 45,294**

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6,558,732

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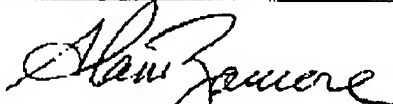
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Signature of Applicant/Inventor and Patentee or Assignee of Record

The below-signed individual is the Applicant/Inventor and Patentee, or is authorized to act on behalf of Assignee of entire interest, in the patents/applications identified herein.

Printed Name and Title of Signatory (if acting for Assignee) or Applicant/Inventor and Patentee **Alan Zamore**

Signature		Date	1/19/2011
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Any additional patents or signatures necessary at submitted on additional pages.
Additional Pages Attached: _____